

Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

United States District Court for the MIDDLE District of ALABAMA

RECEIVED

v.

2007 AUG 27 A 9:17

District Court No. 2:07CV762-mef

DEBRA P. HACKETT, CLK

Affidavit in Support of Motion U.S. DISTRICT COURT MIDDLE DISTRICT ALA Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Jamy Edward wallowDate: AUGUST 20-2007

My issues on appeal are:

QUESTION OF LAW
CIVIL LAW SUIT 42 USC. 1983

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Child support	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): <u>0</u>	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

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7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Ø</u>	<u>Ø</u>	<u>Ø</u>
<u>Ø</u>	<u>Ø</u>	<u>Ø</u>
<u>Ø</u>	<u>Ø</u>	<u>Ø</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>Ø</u>	\$ _____
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>Ø</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>Ø</u>	\$ _____
Food	\$ <u>Ø</u>	\$ _____
Clothing	\$ <u>Ø</u>	\$ _____
Laundry and dry-cleaning	\$ <u>Ø</u>	\$ _____
Medical and dental expenses	\$ <u>Ø</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>Ø</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>Ø</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>Ø</u>	\$ _____
Homeowner's or renter's	\$ <u>Ø</u>	\$ _____
Life	\$ <u>Ø</u>	\$ _____
Health	\$ <u>Ø</u>	\$ _____
Motor Vehicle	\$ <u>Ø</u>	\$ _____
Other: <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Installment payments	\$ <u>Ø</u>	\$ _____
Motor Vehicle	\$ <u>Ø</u>	\$ _____
Credit card (name): <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Department store (name): <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Other: <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>Ø</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>Ø</u>	\$ _____
Other (specify): <u>Ø</u>	\$ <u>Ø</u>	\$ _____
Total monthly expenses:	\$ <u>Ø</u>	\$ _____

**If you decide to file this form
Please send it to:**

The United States District Court

If you are incarcerated:

**You must attach a statement of your prison account which
has been certified by the appropriate institutional
officer showing all receipts and
balances during the last
6 months**

This form is required for submission

*NO records found within the last 12 months
J. Pallua*